


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90036 032 \*\*\*\*61.25

<b>DOCUMENT # 742783</b>			
1. Entity Name SALISBURY D CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business SALISBURY D 73 CENTURY VILLAGE WEST PALM BEACH, FL 33417-1949 US		Mailing Address SEACREST SERVICES, INC 2400 CENTER PARK W DRIVE, SUITE 175 WEST PALM BEACH, FL 33409-6405 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TESONE, WM. N 88 SALISBURY D WEST PALM BEACH, FL 33417		Name <b>BLANCHE RITTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>87 SALISBURY D</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33417</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Blanche Ritter</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/22/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAWRONIAK, ROBERT 85 SALSBURY D WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAWRONIAK, ROBERT</b> <b>85 SALISBURY D</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISMAN, MARTIN 92 SALISBURY D WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEISMAN, MARTIN</b> <b>92 SALISBURY D</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TESONE, WILLIAM SALISBURY D 88 WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLANERTY, MARIE SALISBURY D 78 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLANERTY, MARIE</b> <b>78 SALISBURY D</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, MARJORIE 84 SALISBURY D WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>RITTER, BLANCHE</b> <b>87 SALISBURY D</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Blanche Ritter</u> <b>BLANCHE RITTER</b>		Date <u>2/22/08</u> Daytime Phone # <u>561)615-8749</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

SEE ATTACHMENT

ATTACHMENT TO ATTACHMENT  
DOCUMENT # 74283 40030640  
SALISBURY D CONDOMINIUM  
ASSOCIATION, INC

BLOCK II ADDITIONS/CHANGES TO OFFICERS  
AND DIRECTORS

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TITLE	V/D	<u>ADDITION</u>
NAME	FRIEDMAN, IRIS	
STREET ADDRESS	74 SALISBURY D	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

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TITLE	V/D	<u>ADDITION</u>
NAME	ZARET, MARCIA	
STREET ADDRESS	90 SALISBURY D	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

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